

Jesu li trombocitne konstante korisne u procjeni trombopoetske aktivnosti koštane srži kod neonatusa sa naglim smanjenjem broja trombocita?

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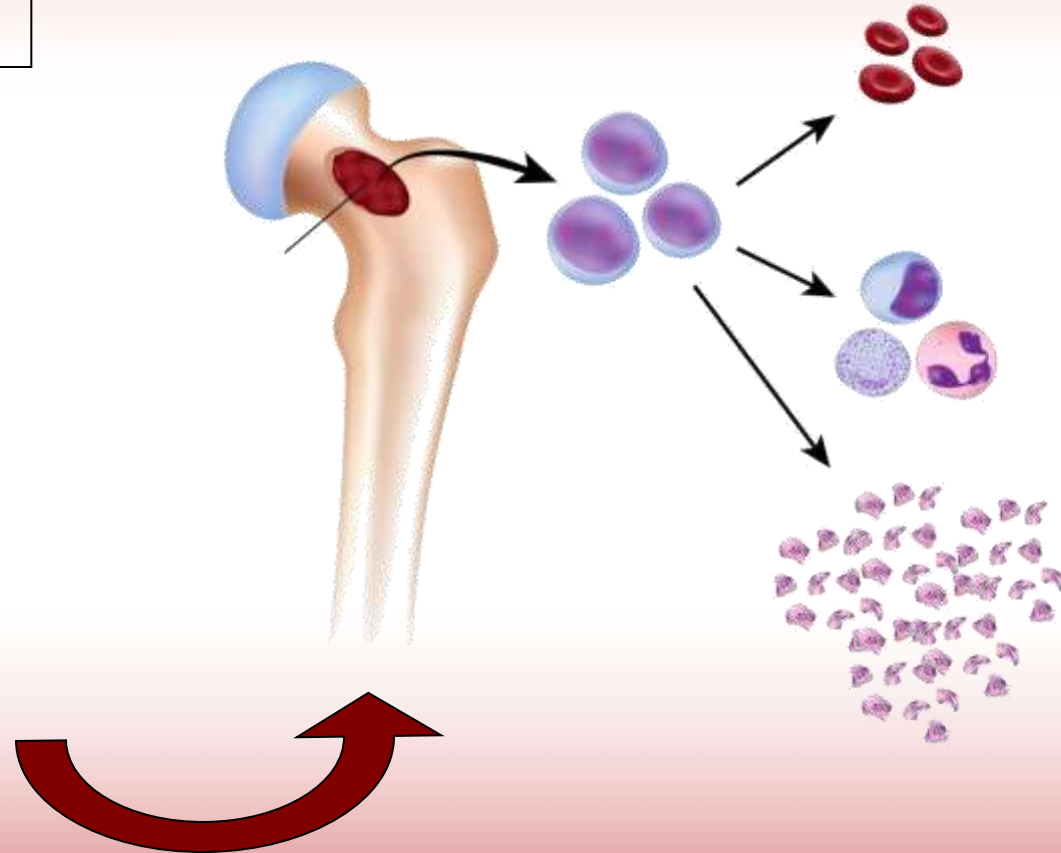
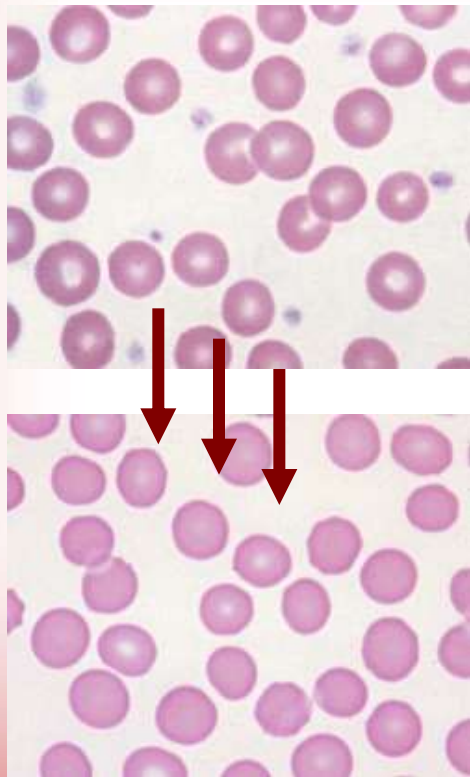
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8. kongres HDMBLM, Rijeka 2015

HIPOTEZA I CILJ

BROJ TROMBOCITA



TROMBOCITNE KONSTANTE

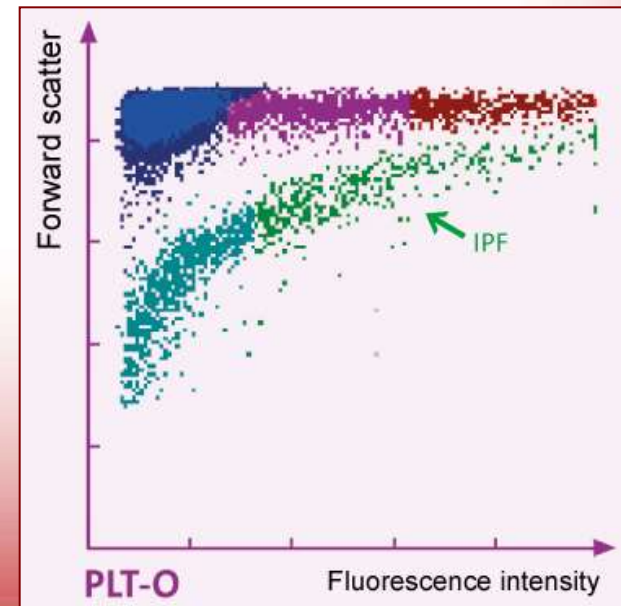
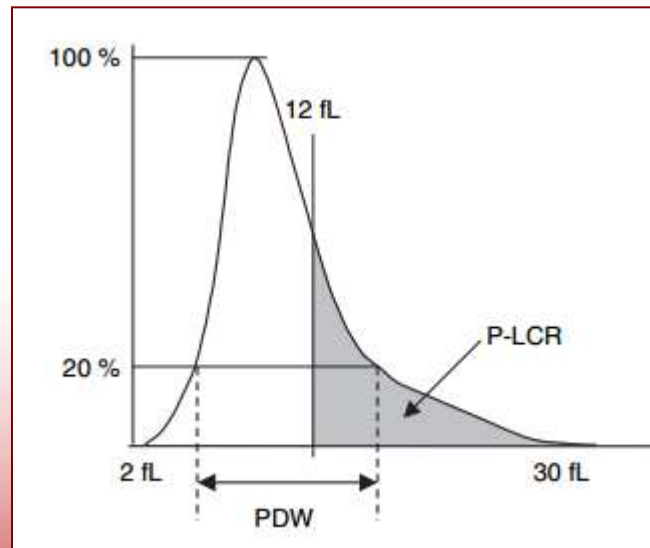
MPV – srednji volumen trombocita (*mean platelet volume*)

PDW – distribucija veličine trombocita (*platelet distribution width*)

P-LCR – omjer velikih trombocita (*platelet large cell ratio*)

IPF – nezrela trombocitna frakcija (*immature platelet fraction*)

$$\text{MPV (fL)} = \frac{\text{Pct (\%)}}{\text{PLT (x } 10^3/\mu\text{L)}}$$



MATERIJALI I METODE

32 neonatusa



ZNAČAJAN PAD BROJA TROMBOCITA

↓ TRC > 20%

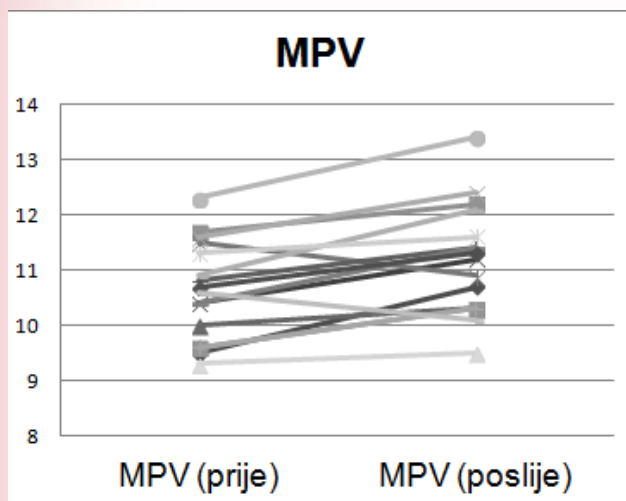
+ uspoređivane vrijednosti prije i poslije pada broja Trc

- uspoređivane vrijednosti dva uzastopna uzorka

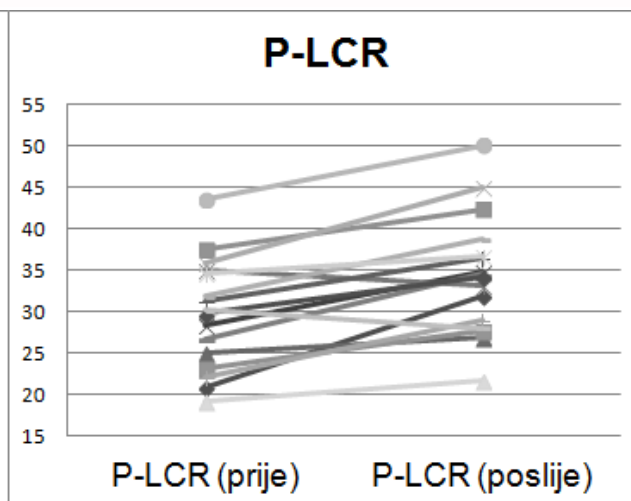
Statistička analiza: testiranje normalnosti – parni t-test – statistička značajnost $P < 0.01$

REZULTATI

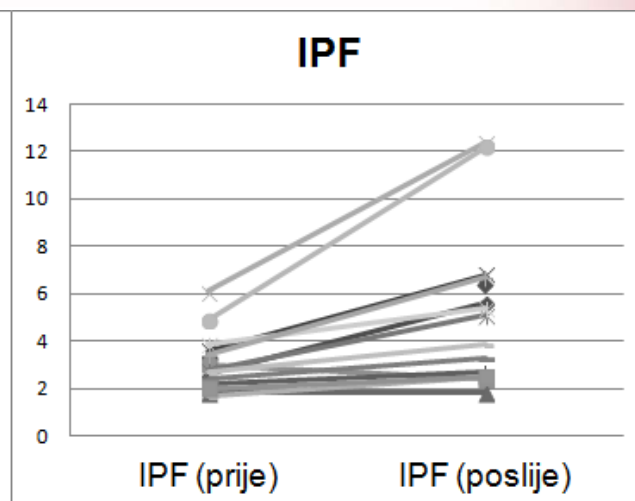
→ značajno smanjenje broja trombocita kod 16 neonatusa



MPV 10,6 i 11,2 fL;
P<0,001

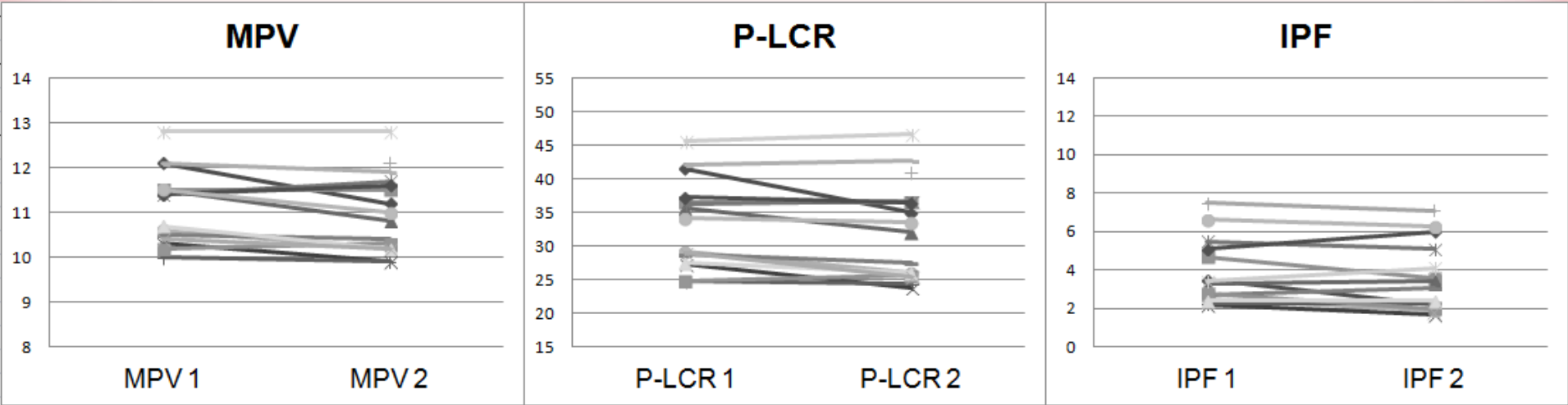


P-LCR 29,7 i 34,4 %;
P<0,001



IPF 3,1 i 5,2 %;
P=0,004

→ 16 neonatusa bez značajnog smanjenja broja trombocita



MPV 11.1 i 10.9 fL;
P=0,021

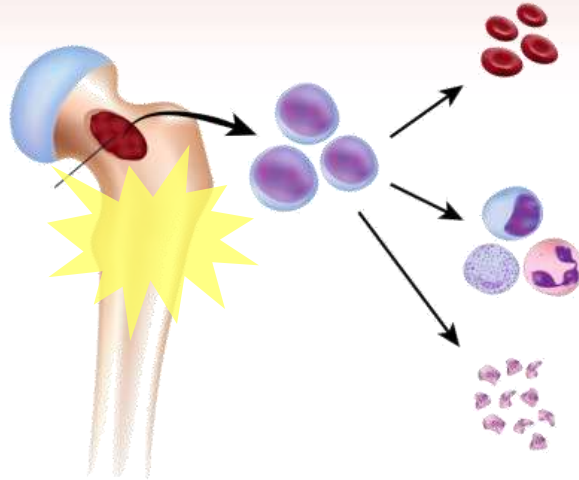
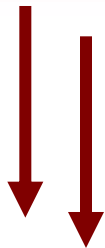
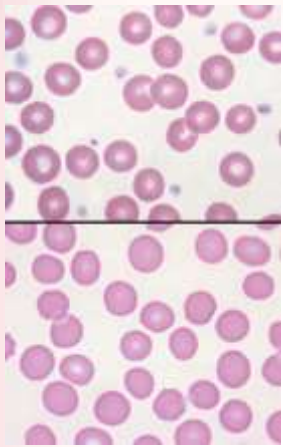
P-LCR 33.3 i 31.9 %;
P=0,020

IPF 3.9 i 3.6 %;
P=0,189

Nije bilo značajne razlike u PDW vrijednostima kod obje skupine neonatusa.

ZAKLJUČCI

BROJ TROMBOCITA



↑ MPV, P-LCR i IPF
veći i nezreliji oblici
trombocita

Vrijednosti IPF, MPV i P-LCR mogle bi se koristiti kao pokazatelji u procjeni trombopoetskog odgovora koštane srži u slučajevima naglog smanjenja broja trombocita.